PTC.\$8.01 6-95/ Approved for use through 9/30/98 OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Type a plus sign (+) inside this box --**Attorney Docket Number** 9010/PTO U.S. Department of Commerce Rev 6/95 Patent and Trademark Office First Named Inventor DECLARATION FOR COMPLETE IF KNOWN UTILITY OR DESIGN **Application Number** PATENT APPLICATION Filing Date Declaration OR **Group Art Unit** Declaration Submitted Submitted after with Initial Filing Initial Filing **Examiner Name** As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled : Holustable Dental Impression Trav (Title of the Invention) the specification of which is attached hereto was filed on (MW/DD/YYYY) as United States Application Number or PCT International and was amended on (MW/DD/YYYY) Application Number (if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. Lacknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, \$1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §385(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. **Certified Copy Attached? Priority** Foreign Filing Date Prior Foreign Application Country (MM/DD/YYYY) **Not Claimed** Number(s) NO Additional foreign application numbers are listed on a supplemental priority sheet attached hereto: I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

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Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

Filing Date (MM/DD/YYYY)

Application Number(s)

08512

Country

Zip

Additional inventors are being named on supplemental sheet(s) attached hereto

Applicant

Authority

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PTO/SB/ 09 (6-95)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Application	Patentee: Denni	s. J. White		
Application	or Patent No.:			
Filed or Iss				
Title:	taljustable.	Dental Impres	35 10N	. Tray
		eclare that I qualify as an independent Patent and Trademark Office describe		s defined in 37 CFR 1.9(c) for
	specification filed herewith			•
the application identified above.				
L the	patent identified above.			
I have not assigned, granted, conveyed or licensed and am under no obligation under contract or law to assign, grant, convey or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).				
Each person, concern or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:				
No such person, concern, or organization exists.				
Each such person, concern or organization is listed below.				
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Denni	s J. White	NAME OF INVENTOR	NAME OF	INVENTOR
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	So · 03	Signature of inventor		Of HIVEHOU
Date		Date .	Date	